

Commonwealth of Massachusetts

Executive Office of Health and
Human Services



Chapter 257 of the Acts of 2008

**Provider Information and Dialogue Session:
DPH Bureau of Substance Abuse
Services – Residential Programs**

**July 9, 2014
1:00 pm**

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Agenda



Chapter 257 of the Acts of 2008

Review of Pricing Process

Overview of DPH-BSAS Residential Programs

- Programs and Program Descriptions

Models in Development for BSAS Residential Programs

1. 2nd Offender Residential
2. Family Treatment Services
3. Specialized Case Management for Families in TSL
4. Latina Residential Recovery with or without their children

Questions/Feedback



Chapter 257 of the Acts of 2008 Regulates Pricing for the POS System



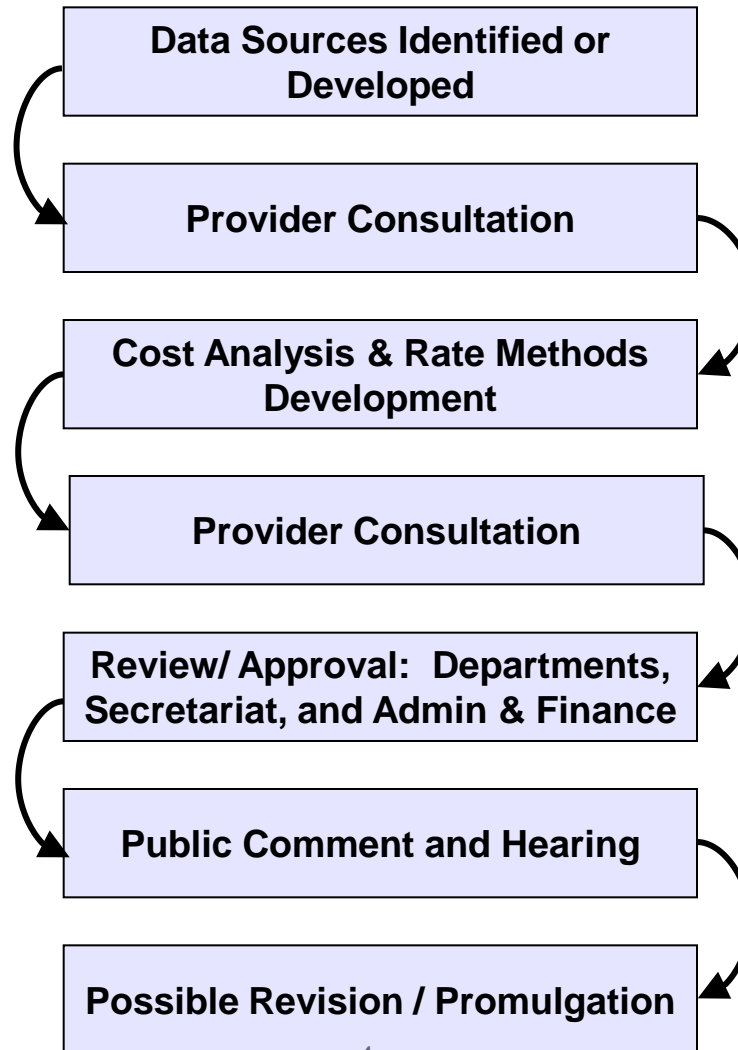
- Chapter 257 places authority for determination of Purchase of Service reimbursement rates with the Secretary of Health and Human Services under MGL 118E. The Center for Health Information and Analysis (CHIA) provides staffing and support for the development of Chapter 257 pricing.
- Chapter 257 requires that the following criteria be considered when setting and reviewing human service reimbursement rates:
 - Reasonable costs incurred by efficiently and economically operated providers
 - Reasonable costs to providers of any existing or new governmental mandate
 - Changes in costs associated with the delivery of services (e.g. inflation)
 - Substantial geographical differences in the costs of service delivery



Process of Analysis, Development, Approval, and Hearing



Pricing Analysis, Rate Development, Approval, and Hearing Process





Residential Rehabilitation: Definition



Residential Rehabilitation is the program of services defined as organized substance abuse treatment and education services featuring a planned program of care in a 24-hour residential setting. These services are provided to clients who require safe and stable living environments in order to develop their recovery skills. Types of residential rehabilitation services are those designed for adult individuals, adults with their families, adolescents, and driving under the influence second offenders pursuant to Massachusetts Department of Public Health regulation 105 CMR 164.00.



BSAS Residential Programs Rate Project



The Bureau of Substance Abuse Services Residential Programs Rate Project includes the programs below.

Code	Program Name	FY13 Spending
3386	Residential Treatment	\$36,399,507
4958	BSAS Jail Diversion Program	\$1,668,157
3401	2 nd Offender Residential	\$279,689
4951	Latina Residential Recovery with or without Their Children	\$655,401
3380	Family Treatment Services	\$6,536,671
4919	Specialized Case Management for Families in TSL	\$737,836

This presentation will focus on the 2nd Offender Residential, Family Treatment Services, Specialized Case Management for Families in TSL, and Latina Residential Recovery.



BSAS Residential Programs: Residential Treatment



In March 2013 the Department of Public Health (DPH) Bureau of Substance Abuse Services (BSAS) developed the Model for Residential Rehabilitation Services (RRS). This model is the basis for the rate review as required by Chapter 257.

The RRS model defines the following required service elements:

- Availability of program information for potential applicants
- Use of DPH referral and admission criteria
- Resident services, including
 - assessment
 - individual recovery treatment plan, individual recovery service plan, aftercare plan
 - counseling
 - case management services
 - daily programming
 - response to relapse
 - other various services and program component
- Requirements for staffing, training, and supervision.



BSAS Residential Programs: 2nd Offender Residential



2nd Offender Residential Model:

- Uses the Residential Treatment 30-bed model as a base, but tailored to a larger house
- Staffing from BSAS
- Greater clinical component than some of the other programs, with a 0.5 FTE nurse.

2nd Offender Residential Model

Beds: 58

Bed days: 21,170

Positions:

FTEs

% of Cost

Management:

Program Director

1.00

3%

Clinical Supervisor – Master's-level

1.00

3%

Direct Care:

Nurse

0.50

2%

Shift Supervisor (Couns & Rec Sp)

3.00

7%

Counselor

4.00

9%

Recovery Specialist

9.00

14%

Support Staffing

6.00

10%

Direct Care Relief

1.38

2%

Total Staffing:

25.88

51%

Tax and Fringe

11%

Total Compensation

62%

Occupancy

16%

Meals

10%

Program Supplies and Materials

1%

Other Program Expense

>1%

Travel

>1%

Total excluding Administrative & General

90%

Admin & General Allocation

10%

Total Program Expense

100%

Cost Adjustment Factor (CAF)



BSAS Residential Programs: Family Treatment Services



Family Treatment Services Model:

- Rate is per family, per day.
- Models use the same methodology as those for the existing rate, with base costs updated.
- Separate rate models for 11-, 12-, 13-, 14-, 15-, and 16-family houses. Example model is for 11-family house.

Family Treatment Services Model

Family Units: 11

Bed Days: 4015

Positions:

Management:

Program Director

1.00

7%

Clinical Director

1.00

6%

Direct Care:

Family Therapist

1.00

6%

Recovery Specialist

8.50

28%

Child Service Coordinator

1.00

4%

Child Service Assistant

1.00

3%

Direct Care Relief

1.31

4%

Total Staffing:

14.81

58%

Tax and Fringe

13%

Total Compensation

71%

Occupancy

11%

Other Program Expense

6%

Direct Administrative Expense

2%

**Total excluding Administrative &
General**

90%

Admin & General Allocation

10%

Total Program Expense

100%

Cost Adjustment Factor (CAF)



BSAS Residential Programs: Specialized Case Management for Families in TSL



Family Sober Living Model:

- Rate is per family, per day.
- Model uses the same methodology as the Family Treatment models, with base costs updated.

Family Sober Living Model

Family Units: 7.5

Bed Days: 2737

Positions:	FTEs	% of Cost
Management:		
Program Director	0.50	8%
Clinical Supervisor	0.10	1%
Direct Care:		
Case Manager	1.00	9%
Child Services Coordinator	1.00	8%
Recovery Specialist	3.00	22%
Recovery Specialist Relief	0.46	3%
Total Staffing:	6.06	51%
Tax and Fringe		12%
Total Compensation		63%
Occupancy		17%
Other Program Expense		10%
Total excluding Administrative & General		90%
Admin & General Allocation		10%
Total Program Expense		100%

Cost Adjustment Factor (CAF)



BSAS Residential Programs: Latina Residential



Latina Residential Treatment model:

- Incorporates required service elements as defined in the DPH-BSAS Model for Residential Rehabilitation Services of March 2013.
- Based on the Residential Treatment model.
- Separate rates for pregnant clients, postpartum clients with an infant up to 1 year, and clients with an older child or children.

Latina Residential Treatment Model

Positions:	FTEs	% of Cost
Management:		
Program Manager	1.00	7%
Clinical Supervisor, Masters-level	1.00	7%
Direct Care:		
Counselor	3.32	16%
Recovery Specialist	4.20	14%
Support Staff	1.25	4%
Direct Care Relief	1.16	3%
Total Staffing:	11.93	50%
Tax and Fringe		11%
Total Compensation		62%
Occupancy		17%
Meals		7%
Program Supplies and Materials		2%
Other Program Expense		1%
Travel		1%
Total excluding Administrative & General		90%
Admin & General Allocation		10%
Total Program Expense		100%
Cost Adjustment Factor (CAF)		



Latina Residential: Pregnant Woman, Postpartum, and Child Rates



- The Latina Residential Program is unique in its capacity to provide care for women who are pregnant, women who are postpartum with an infant, and women who have older children in residence with them.
- Pregnant woman, postpartum, and child rates are currently under development. Eligibility for these rates would be:

Pregnant woman rate:	Pregnant clients, up to the time they give birth.
Postpartum rate:	Charged when a baby up to 1 year of age is in residence with a mother in treatment.
Child rate:	For a child over 1 year of age in residence with a mother in treatment. The mother is billed under the base Residential Treatment rate. The child rate can be billed for each child in residence with the mother.



Latina Residential: Pregnant Woman, Postpartum, and Child Rates



- The pregnant woman model differs from the basic residential model based on data from houses serving pregnant women. Differences in the pregnancy model include
 - additional time spent with clients
 - higher non-staffing costs (occupancy, meals, program supplies and materials, travel, and other program expenses).
- The postpartum model is based on staffing patterns provided by BSAS.
- The child model is anticipated to be calculated as a percentage of the postpartum rate.



Questions/Feedback



The meeting presentation will be posted on Chapter 257 website:

www.mass.gov/hhs/chapter257

Comments and questions regarding Chapter 257 process can be sent to: EOHHSPOSPolicyOffice@state.ma.us